

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Title::	TEMPERATURE INDICATING ELECTROSURGICAL APPARATUS AND METHODS
Attorney Docket Number::	CB-16
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Jean
Middle Name::	
Family Name::	Woloszko
City of Residence::	Austin
Country of Residence::	US
Street of mailing address::	4 Wren Valley Cove
City of mailing address::	Austin
State or Province of mailing address::	Texas
Country of mailing address::	US
Postal or Zip Code of mailing address::	78746

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	H.
Family Name::	Dahla
City of Residence::	Sunnyvale
Country of Residence::	US
Street of mailing address::	1342 Hollenbeck Avenue
City of mailing address::	Sunnyvale
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	94087

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	A.
Family Name::	Baker
City of Residence::	Austin
Country of Residence::	US
Street of mailing address::	1310 Barton Creek Blvd.
City of mailing address::	Austin
State or Province of mailing address::	Texas
Country of mailing address::	US
Postal or Zip Code of mailing address::	78735

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	L.
Family Name::	Pacek
City of Residence::	Lakeway
Country of Residence::	US
Street of mailing address::	116 Golden Bear Drive
City of mailing address::	Lakeway
State or Province of mailing address::	Texas
Country of mailing address::	US
Postal or Zip Code of mailing address::	78738

Correspondence Information

Correspondence Customer Number::	21394
Name::	ArthroCare Corporation
Street of mailing address::	7500 Rialto Blvd.
Street of mailing address::	Building Two, Suite 100
City of mailing address::	Austin
State or Province of mailing address::	Texas
Country of mailing address::	US
Postal or Zip Code of mailing address::	78735-8532
Phone number::	(512) 391-3900
Fax Number::	(512) 391-3901
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Representative Information

Representative Customer Number:: 21394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/445,405	Feb. 5, 2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
NONE			Yes

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 7500 Rialto Blvd.
Street of mailing address:: Building Two, Suite 100
City of mailing address:: Austin
State or Province of mailing address:: Texas
Postal or Zip Code of mailing address:: 78735-8532